



**TRANSPORTATION GROUP**

986 Bridgeview South Saginaw, MI 48604



November 15, 2005

US Bankruptcy Court  
Southern District of New York  
One Bowling Green  
New York, New York 10004

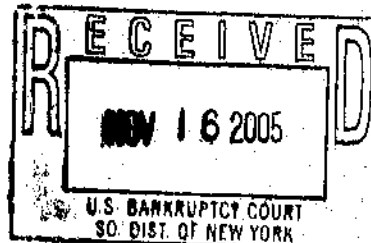
On November 3, 2005, we sent a proof of claim to the New York Bankruptcy Court for **Delphi** Case #05-44481-101 in the amount of \$338,544.96.

Please rescind this proof of claim because we are being paid by the Bridge Order under 11 U.S.C. 105 and 363b, 1107, and 1108 authorizing payment of certain prepetition (I) shipping and delivery charges for goods in transit and II custom duties. This proof of claim was sent in error.

If you need any additional information, please correspond with me at the address below.

Sincerely yours,

  
Tony Lander  
President



986 Bridgeview South ■ Saginaw, MI 48604  
Phone: (989) 769-5544/(800) 686-0060 Fax: (989) 765-3299  
[www.lb-omni.com](http://www.lb-omni.com)  
email: [tlander@lb-omni.com](mailto:tlander@lb-omni.com)  
ISO 9001:2000 Registered

## United States Bankruptcy Court

District Of

## PROOF OF CLAIM

Name of Debtor

DELPHI

Case Number

05-44481-101

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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

L&amp;B CARTAGE, INC - OMNI WAREHOUSE

Name and Address where notices should be sent:

966 Bridgeview South  
Saginaw, MI 48604

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number: (989) 759-5544

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Account or other number by which creditor identifies debtor:

DUNS# 108783148

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated: \_\_\_\_\_

## 1. Basis for Claim

☐ Goods sold☒ Services performed☐ Money loaned☐ Personal injury/wrongful death☐ Taxes☐ Other☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Wages, salaries, and compensation (fill out below)

Last four digits of SS #: \_\_\_\_\_

Unpaid compensation for services performed

from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

## 2. Date debt was incurred:

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed: \$

(Unsecured Nonpriority)

(Secured)

338,544.96

(Unsecured Priority)

338,544.96

(Total)

\* If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle☐ Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ 338,544.96

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).☐ Up to \$1,800\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).☒ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( ) See attached

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

## 8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

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9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

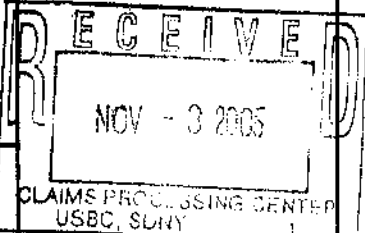
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

Date:

11/2/05

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of Attorney, if any):

*[Signature]* Vice President





## TRANSPORTATION GROUP

- Air Freight
  - Car Rental
  - Dedicated Service
  - Expedited Service
  - Warehousing
- [www.lbexpediting.com](http://www.lbexpediting.com)

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New York, New York 10004

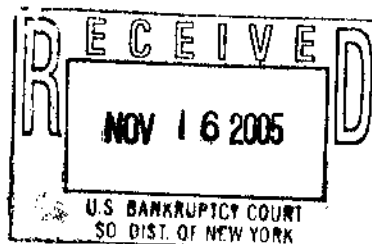
On November 3, 2005, we had sent a proof of claim to the New York Bankruptcy Court for **Delphi Case #05-44481-101** in the amount of \$331,752.90

Please rescind this proof of claim because we are being paid by the Bridge Order under 11 U.S.C. 105 and 363b, 1107, and 1108 authorizing payment of certain prepetition (I) shipping and delivery charges for goods in transit and II custom duties. This proof of claim was sent in error.

If you need any additional information, please contact me at the address below.

Sincerely,

  
Tony Lander  
President



<b>United States Bankruptcy Court</b> Name of Debtor <u>DELPHI</u>		Case Number <u>05-44481-101</u> This Space For Court Use Only	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>L &amp; B CARTAGE, INC - L &amp; B TRANSPORTATION GROUP</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where notices should be sent: <u>966 Bridgeview South</u> <u>Saginaw, MI 48604</u>		This Space For Court Use Only	
Telephone Number: <u>(984) 759-5544</u>		Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____	
Account or other number by which creditor identifies debtor: <u>DUNS # 082218058</u>			
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
<b>2. Date debt was incurred:</b> _____		<b>3. If court judgment, date obtained:</b> _____	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ _____ (Unsecured Nonpriority) (Secured) <u>381,752.90</u> <u>381,752.90</u> (Unsecured Priority) (Total) * If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>381,752.90</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ) <u>See attached</u> * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>6. Unsecured Nonpriority Claim s</b> _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: <u>11/2/05</u>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of Attorney, if any): <u>Vice President</u>	

